| Theme | Level | Sub theme | Quote |
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| Contexts of care | Individual | Patient values, motivation, knowledge, skills and health status | *A lot of clients will- say for example, with heart failure, which is, they don't even know they've got heart failure. They've been in hospital, they've been managed on fluid restriction and may not necessarily know that they're supposed to be on it when they get home and what it's for.* **(HP16).** |
| | Individual | Socioeconomic disadvantage, poverty, isolation or a lack of support (New) | *I couldn't believe my own doctor who has known me for 30 years or something could say I could just go home, I have been saying to him for 10 years, I'm broke. I can't get a job, I'm living off New Start (unemployment benefits). It's not enough. I have not enough food, I'm getting food vouchers to survive. I have to count potatoes. They don't get it. They don't get it. They don't live like that. They don't see it. They have no f**ing idea that it's real and I'm not the only one. Right?* **(P5).**<br><br>*"We have a very high incidence of people living alone in Benalla, and I think that contributes to just not being confident in managing your chronic illness… and when you start to go down, there is no one there to tell you to go to the doctor or whatever, and so maybe you missed that opportunity where it can be fixed quickly or then, it's panic stations and I have to go to the hospital because there's no one around to certainly look after me"* **(HP 5).** |
| | Provider | Workforce availability, skills and attributes | *Well, one of the issues at the moment is, is probably, for our patients, is access to medical care. We're relatively short of practitioners, GP's, even though we're better off than many other rural and regional places, it's still quite hard to get a routine appointment. So, a routine appointment to see me at the moment is January sometime* (interview conducted in October) **(HP13).** |

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| | | Out-of-pocket costs (New) | *So, considering we have quite a, we do have a very high low socioeconomic group in Benalla. Financially to pay for GP services I'd be concerned that they would be limiting their access to medical care. Also having paid Urgent Care* (Centre) *here as well* **(HP16).** |
| | | Nuance re GPs on staff at hospital (New) | *…it does happen that we do have people admitted for discharge planning* **(HP9).**<br><br>*The hospital admissions are obviously GP driven as well because they have to* (emphasis added) *admit them* (GPs are the admitting doctors) **(HP11).** |
| | System | Availability of services within settings and clinical pathways | *With nursing staff in the hospitals or the acute settings, I don't think they understand what services are around the whole area and I think it's a really important part of being in a small community where we can send, where we can suggest to educate and encourage patients to participate.* **(HP14).** |
| Mechanisms for receiving and providing care | All | Interactions and relationships. | *Nothing really prevents me (*from self-managing COPD*), as long as I make my appointments when I know I need to. Stand up for myself, to make sure that I get in to see somebody, and, if I feel that I've got an infection, then I have to make them believe me, that I have. Because they can listen to my chest, and they go: 'oh, no, it's not that bad'. Then I'll go home and be coughing all night.* **(P3).** |
| | | Continuity of care, including informational continuity, discharge planning and action plans. | *I think the fact that patients are seen by their GPs out in the community and then if they do have a crisis with whatever their- an exacerbation of whatever illnesses, when they come to hospital they're still looked after by* <u>*their*</u> *GP. So, I think there's that real continuum of care; the GPs know their patients so well.* **(HP8).**<br><br>*But the theme, is poor discharge planning, or no discharge planning from hospital. That impacts on client outcomes when they get home. It can be anything from not* |

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| | | | *understanding what their medications are for, or just not taking them because they don't know. Or they don't know how important they are. Certainly with the respiratory conditions with all the new inhalers and things that they are about; they're* (patients) *quite confused about what they should be taking and should they stop this one and start that one*. **(HP3).** |
| | | Capacity to offer services and support. | *Overall, the wait times for some allied health and other services are quite long, so particularly dieticians and dietetics. Access to pulmonary rehab and cardiac rehab can take a long time, so not uncommonly by the time people get into those programs it's a month/couple of months down the track from when they've, whatever their key episode was. So, they're either better or they're not going to get any better at that point.* **(HP13).** |
| | | Affordable healthcare (New) | *They* (patients with chronic health conditions) *might be looking at $80 for a 15 minute (GP) appointment and they only get $35 back, so if you're expected to see your GP every week or fortnight, well you can see how people slip through the cracks* ***(HP8).***<br><br>*I think a town like Benalla that's got so many struggling people, like there's a large amount of low socioeconomic status people in Benalla, it's a shame that we can't provide a decent free healthcare service. Like if they were living in the city, there'd be bulk-billing clinics everywhere* **(HP8).** |
| Outcomes of care | Individual | Not being a burden, responsive, timely access to care, locus of control. | *Now, I have a pretty serious lung problem and it's taken years of saying to doctors, ordinary GPs, there's something wrong but I can't work what it is and not being believed. Then all of a sudden, total crisis. Everything stops working and you're rushed to intensive care and you're rushed here and ambulances are called.* **(P5).** |

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| | Provider | Improved clinical outcomes. | *I've worked in other hospitals and you walk around the wards and all of the respiratory patients might have one of those bubble PEP (*Positive Expiratory Pressure) *things sitting on the table-I've never seen that here. So I'm wondering, in terms of respiratory physio stuff, maybe we can be doing more. You sort of say 'look, does this person need physio?' And they're like 'Oh no, they're showering themselves and they're walking fine'* ***(HP8).*** |
| | System | Monetary and resource use. | *I don't need a companion to take me to the movies. I don't want five-star motels. I just want to enhance my life* **(P9).** |
| | All | Right care, right place, right time, equity of access and cost (New) | *If he* (the GP) *listened to me, I might not have been in the situation or as bad as I was. I actually had to get the MICA (*Mobile Intensive Care Ambulance*) paramedic down to me because that's how bad I was. I was really sick, and, you know, it might have been a two day stay instead of nine days, if the doctor listened* **(P2).** |